Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

		CLAIMS AS	S FILED - PART I (Column 1)		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS								RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			minus 20=		*			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		*			X43=		OR	X86=	
MULTIPLE DEPENDENT CLAIM PI			RESENT					+145=		OR	+290=	
* If	the difference	in column 1 is	less than ze	ero, enter	"0" in o	column 2		TOTAL		OR	TOTAL	
	С		MENDED - PART II (Column 2			(Column 3)		SMALL	ENTITY	OR	OTHER SMALL	
		(Column 1)		HIGH		(Column 3)	l r		,	1		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUMI PREVIC PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=	-	OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						١.	+145=	·	OR:	+290=	
• . •						L	TOTAL		) .	TOTAL		
						-		TOTAL ADDIT FEE		OR	ADDIT. FEE	
	•	(Column 1)		(Colur	nn 2)	(Column 3)	•	ADDIT: 1 EE 1	**	•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		CLAIMS		HIGH			] г		ADDI-	1		ADDI-
Ε		REMAINING		NUMI		PRESENT		RATE	TIONAL		RATE	TIONAL
Z		AFTER AMENDMENT		PREVIO PAID	-	EXTRA	1 1	11/3/12	FEE		TIALE	FEE
AMENDMENT B	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						lŀ			011		
								+145=		OR	+290=	
							A	TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 2)												
T C	`	CLAIMS		HIGH	ST		lΓ		ADDI-	1		ADDI-
		REMAINING AFTER	~	NUMI PREVIO		PRESENT EXTRA	1	RATE	TIONAL		RATE	TIONAL
z		AMENDMENT		PAID		EXIMA		10/12	FEE		11/412	FEE
AMENDMENT C	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	··	=		X43=		OR	X86=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLA						╽┟	1.15			000	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290= TOTAL	
** [	f the "Highest Nur	mber Previously Pa	aid For IN THIS	S SPACE is	s less tha	n 20, enter "20."	A	DDIT. FEE		OR ,	ADDIT. FEE	
		mber Previously Pa ber Previously Pai					er foui	nd in the app	ropriate box	in col	umn 1.	